





TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53

If a continuing application:
[] continuation [] Divisional

Attorney Docket No.	7408-2202
First named inventor	Stoughton
Express mail label #	EM468592510US
Date of mailing	March 11, 1998

Bate of	maining maintenance			
Application Elements	Accompanying Application Papers			
1. [X] Fee Transmittal Form	6. [] Assignment papers			
2. [X] Specification No. Pages <u>174</u> (including Abstract)	7. [] Statement of status as small entity			
a. Title: METHODS OF DIAGNOSIS AND TRIAGE USING CELL ACTIVATION MEASURES	8. [X] Return Receipt Postcard			
b. Number of claims: -39				
3. [X] No. sheets of drawings 7 with 5 Figs.				
4. [X] Unexecuted Declaration listing names of joint inventors				
5. [] Sequence Listing				
[] Paper copy (identical to computer copy)				
[] Computer readable copy				
[] Verified statement				
·	SIGNATURE OF ATTORNEY/AGENT			
	BROWN MARTIN HALLER & McCLAIN Stephanie Seidman Registration Number: 33,779			

CORRESPONDENCE ADDRESS					
NAME	Stephanie Seidman Registration No. 33,779 Brown, Martin, Haller & McClain				
Address	1660 Union Street, San Diego, California 92101				
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FEE TRANSMITTAL				
ACCOMPANYING UTILITY				
APPLICATION UNDER				
37 C.F.R. §1.53				

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FEE CALCULATION FOR CLAIMS AS FILED

- a) Basic Fee \$ 790.00b) Independent Claims $5 3 = 2 \times 82.00$ \$ 164.00c) Total Claims $39 20 = 19 \times 22.00$ \$ 418.00d) Fee for Multiple Dependent Claims \$260.00 \$ 0.00
 - TOTAL FILING FEE \$ 1372.00
- [X] Statement(s) of Status as Small Entity reducing Filing Fee by one-half to will be sent under separate cover.

\$686.00

- [X] A check in the amount of \$686.00 to cover the fee for filing the application.
- [] Charge \$___.00 to Deposit Account No. 02-4070.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 02-4070. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-4070 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS							
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Submitted by:							
Typed or printed name	Stephanie Seidman			Reg. Number	33,779		
Signature	Stor Jal	Date	3/	11/98	Deposit Account	02-4070	